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To the Editors of the Boston Medical and Surgical Journal.

GENTLEMEN—Accompanying this, I send you a short sketch of the cholera as it prevailed here in 1851, which, if you think of sufficient value, you are at liberty to publish in the excellent "Boston Medical and Surgical Journal." As the treatment used did not differ essentially from that usually adopted, I have purposely said nothing about it, and have only given the *facts* regarding the origin and prevalence of the disease in this locality. The etiology of cholera can only be fully determined by a collection of facts, and these I have endeavored to give.

Respectfully,

GEORGE W. HALL.

Carthage, Ill., Aug. 23, 1855.

AN ACCOUNT OF THE EPIDEMIC CHOLERA AS IT PREVAILED IN THE
TOWN OF CARTHAGE, ILLINOIS, IN THE SUMMER OF 1851.

THE village of Carthage, Illinois, is situated in the open prairie near the centre of Hancock County. The land on which the village is built is higher than that around it. One mile north of the village there is a small creek, and another about the same distance east of it. Along these creeks there is a strip of woodland. All the well water in the neighborhood contains carbonate and sulphate of lime in solution. During the months of April, May, and June, 1851, it rained excessively in this region, and to such an extent that much of the high dry land, and all the low lands, were rendered unfit for culture that season. During these months, and July, the weather was exceedingly hot,—much more so than usual. In consequence of the rains, large and numerous collections of stagnant water were formed on all the low places, and places at all filthy were rendered doubly so by the rains and great heat, and rapid decomposition of animal and vegetable matter.

On the 29th of June a German came into this village, stopped a while at one of the taverns, and complained of having diarrhœa; he stated that he had come off the Mississippi river where cholera was prevailing. After resting a while, he started on, and went nearly two miles, when he stopped at a farm near the road, crawled

into a straw pen, and was found soon after in almost a speechless condition. I saw him just after he was discovered, and found him in collapse from cholera, and he rapidly sank and died. As the symptoms of the disease are so well known, and were so marked in his case, I will not occupy space in giving them. After the remains of this poor fellow were buried, the cautious farmer set fire to the pen in which he died, and it was burned up.

No more cases of cholera occurred in the neighborhood, nor any unusual amount of diarrhœa, till the 16th of July following. On the 15th of July a circus company performed in this place, several of the men connected with which had diarrhœa. They left that night, and on the next morning, the 16th, three young women and a man, at the tavern where most of the circus company put up the day before, were suddenly attacked with cholera; and in spite of every means used to save them, they all sank into collapse and all died before 10 o'clock that night. Two of the women had been hard at work the day before their death, but the other one, and the man, had not. The house in which these cases occurred was a large one, and so constructed that it could not possibly be ventilated. Near the house was a large stable, around which were large heaps of manure, and straw which had been exposed to the action of the rains and heat. About forty feet from the house was a large privy, and under the porch a cistern filled with water, in which much refuse matter had been thrown. The exhalations from the stable, privy, and cistern, produced a stench perceptible for some distance from the house.

On the 17th, the day after the death of the above cases, another woman at this tavern was taken with the disease, and, like the others, died in a few hours.

On this day too (the 17th), a man who had been engaged in attending to the other cases, and who had been much about the tavern for several days, though living at some distance from it, took the disease, and died. This man was an habitual toper, and had used liquor freely, as a supposed preventive. On the same day, also, the father of one of the young women first attacked, left with his partner in business, and their wives, and went to a village 18 miles distant, where all were taken with cholera, and the two men died soon after their arrival. The two women recovered. On the next day, the 18th, four more men took the disease at the tavern where the above cases occurred, three of whom recovered, the other died. The next day, 19th, a young woman took the disease at the same house, and though she lived through the first stages of it, she died on the sixth day from the secondary or choleraic fever.

As fears were entertained that the disease would spread, most of our citizens left with their families, and no more cases occurred till the 25th of that month (July). On this day, two men, both of whom had been much with the sick at the tavern, were taken with the disease. These men were both habitual drinkers, and had both used brandy freely for some days before their attack. One of them

recovered, the other died. Here the cholera ceased in the village, and no cases followed in the neighborhood till the 17th of August succeeding, when three young men, four miles from this place, were suddenly taken with cholera, and they all died, in a few hours (4 or 5) after they were first taken. The next day a brother of two of them was attacked less violently, and recovered. No more cases followed.

These men lived in a low wet place, and were remarkably filthy in their habits. They had all been engaged at hard labor in the harvest field, and had all used whiskey to excess for several days before they were taken sick.

By many the above account will be taken as favoring the theory of the contagious origin of cholera. But I think the results are explicable without the aid of contagion. In the summer of 1851, cholera prevailed extensively in the small towns and villages in the West; and wherever a *nidus* existed in which the disease, or the poison on which it depends, could germinate, so to speak, the disease prevailed, and it prevailed in no other places. Unfortunately, the tavern, where the cases occurred in this place, was surrounded with all the circumstances favorable for the production of zymotic diseases. It is, however, true that no cases occurred in this place except at this one house, or in those who had been there a good deal of the time. But of the large number there all the time the disease was prevailing, but three who did not reside in the house had the disease, and all these three were in a *depressed* condition from the use of alcoholic liquors. Those not so depressed, escaped.

So in the country; where the cases occurred, local causes existed, sufficient to form a *bed* for the poison, extensively diffused through the air, to increase in, and the depression below the standard of full health, in those who had the disease, produced by hard labor, and liquor, made them susceptible to the influence of the poison, while others in the neighborhood, not so much predisposed, did not have cholera.

DETAILS OF A CASE OF DISEASE, FOLLOWED BY ANOMALOUS NERVOUS SYMPTOMS.

BY EDWARD JENNER COXE, M.D., N. ORLEANS.

[Communicated for the Boston Medical and Surgical Journal.]

It will scarcely be denied, that in the practice of medicine there are occasionally presented interesting cases of disease, which though curable by appropriate treatment, or the recuperative power of nature, elude our ability to correctly trace the proximate cause, or satisfactorily account for the symptoms presented. In a practical point of view, such cases form by no means the least valuable contributions to the medical journals. Having in my own person lately passed through a short period of intense suffering and no little anxi-

ety, it appears to me that a narration of the case, with the preliminary circumstances connected therewith, will prove interesting. In order to afford a fair clue to the presumed, if not certain, cause of the well marked subsequent symptoms, it is necessary to advert to facts of former years.

In this city, New Orleans, in 1839, it was my lot to pass through one of the most severe and protracted attacks of yellow fever ever known to have been recovered from. From its inception, so violent and immediate was that usual precursory and attendant symptom, pain in the back, that but for proximity to a counter in my store, I should have fallen to the floor, as though struck by lightning. It was my own opinion, as also that of medical friends, that the spinal marrow had received possibly the first, certainly the most serious, impression from the inscrutable cause of our almost universally acknowledged home-born yellow fever. The particulars of all the symptoms developed in this case, no less than the treatment adopted by my first medical attendants, in the first, and confessedly most important stage of this fever, as far as certainty of cure is concerned, would not be void of practical interest; but not wishing to trespass too much upon the pages of your Journal, I forbear dilating thereon. There are, however, several points of interest connected therewith, that seem deserving of notice. 1st. That subsequent to recovery, I suffered from a severe attack of orchitis, accompanied by great swelling and numbness of the lower limbs, requiring pretty active treatment for months. 2d. That about the height of the attack, the left parotid gland became much inflamed and swollen, to such an extent as to completely destroy the shape and appearance of the ear, to close the left eye, and ending in supuration, which eventually required being opened in two places. During the incision, at the back and lower part of the ear, which was necessarily rather deep, a nerve was partially cut, causing for about an hour the most excruciating pain. This gradually subsided, but there remained for some months a peculiar nervous thrilling, slightly painful, extending over the left side of the face, and which for years was always produced by shaving, passing a finger over the part, or pressing the tongue against the internal part. 3d. That in connexion with, and evidently in consequence of, this injury, there has continued to the present time, irregular as to time and frequency, a copious oleaginous exudation, or apparent perspiration from the cheek, remote from the incision, unattended by pain, distinctly visible to others, and requiring to be wiped off. For many years it would invariably occur when eating, as well as at other times, but could not be produced when trying to do so by motion of the jaw. During cold weather it would be more frequent and copious than in summer.

Four years subsequently, during which the system had recovered its general health, being obliged to visit a patient early in the morning, in wet weather, while pulling on a pair of heavy boots, which were quite damp, I unfortunately wrenched my back, and fell on

the floor, continuing for some time to suffer great pain. In a few hours I was forced to go to bed, where I remained several weeks, obliged to resort to frequent cuppings and blisters. Recovered from this, for a long time I continued exempt from further sickness until that now to be detailed.

In the winter of 1853—54, feeling well and strong, I thoughtlessly moved a barrel of castor oil, which compelled me, from the intense pain in the back, to crawl rather than walk, for several days. I hoped that cupping, with the application of cold water and liniments, would prevent further difficulty. On the third day, upon retiring, after the accustomed bathing, during which I noticed the cold water produced an unpleasant chilly sensation, I fell asleep, from which about midnight I was awakened by an excruciating pain in the back, extending to the lower limbs, and accompanied by a shaking or trembling of the whole body, so violent as to move a large bedstead. Ere long the body became intensely hot and dry, the pulse hard and full, the face highly flushed, the eyes completely injected, feeling hot and dry, and a peculiar burning sensation in the brain. While striving to endure such an unpleasant condition, I was revolving in my mind the probable cause, duration, and termination, as also the proper means for relief. I thought of bleeding, cupping, mustard poultices, and a hot bath, as mainly indicated, for I could not conceive of any possible benefit from internal remedies. Unwilling at that hour to send for a medical friend, though strongly urged to do so, I continued to endure the extreme suffering for more than two hours, when fortunately a gradual remission was observed, especially of the spasmodic movement of the body and limbs. The pain in the head, and other symptoms, gradually abated, when, from fatigue, exhaustion or some abnormal condition of the brain, I fell asleep, and though restless, I did not awake until eight o'clock the next morning. The prominent symptoms had disappeared, although I still experienced great pain in the back, and difficulty of moving about the bed. Instead of keeping quiet, which was proper and should have been observed, I in a few hours with great difficulty got up, dressed, and hobbled down stairs. I could eat no breakfast, had no desire for it, and, uncomfortable in any position, I finally started off for my store, which I reached with difficulty. There I fully intended having cups applied, which certainly should have been done, but was not. In an hour or two I returned home, and applied, frequently, stimulating and anodyne liniments, followed by a thick compress of towelling, soaked in salt water, to the back, retained in situ by a towel and bandage. On the compress, I had sprinkled red pepper, spirits of camphor, and tincture of arnica. In a few days, by a continuance of the above course, I improved quite rapidly, and shortly resumed attention to my business.

Although previously to this severe attack I had experienced considerable numbness in the legs, with a want of power to control their position in walking, these symptoms were for some time more

prominently marked after this attack. From that time to the present, while enjoying bodily health, I have had several minor attacks of pain in the back, accompanied by numbness in the limbs, in every instance the direct result of undue exercise of a severe character.

Such is a brief statement of the more prominent symptoms in the different attacks, which appear to me to have resulted from the primary morbid impression made upon the spinal marrow, reproduced and aggravated by laborious exercise. It appears difficult to account with certainty for such peculiar symptoms, more especially, as the force of the disease having passed, and perfect health re-established, not the least evidence of pain or uneasiness in the back could, or can be, produced by pressure however forcibly applied. A satisfactory and precise solution is requested.

Far be it from me to recommend a state of "masterly inactivity," when called to relieve the pangs of suffering humanity, as in the case related; still, as it stands, it does seem to clearly portray the great power of that aid of all physicians, the *vis medicatrix naturæ*. It is most certain, that, without any remedial means, the violent and painful symptoms were overcome, and it may possibly be admitted that whether an heroic allopathic, or a diminutive (as to dose) homœopathic course had been resorted to, a similar effect would have followed, with, as a necessary consequence, the merit of success claimed, whether deservedly or not, for whichever plan had been adopted.

ULCERATIONS OF THE CERVIX UTERI.

To the Editors of the Boston Medical and Surgical Journal.

ON looking over your index just issued, I perceived a reference to a criticism by yourselves on Dr. Miller's reply to Dr. West, on Ulceration of the Cervix Uteri; and on turning to my files I found the number of the Journal containing that criticism was absent. From this circumstance, and from the failure of the Messrs. Ticknor to obtain for me the pamphlet of Dr. Miller, I never knew, until to-day, the purport of the reply.

On reading your able criticism at the present time, I find that Dr. Miller takes the same ground which I endeavored to maintain in No. 18, Vol. LII., of the Journal, and it is chiefly to explain the absence of any mention of his lectures in my paper, that I write this. My article, though not sent to you till later, was written before the issue of your criticism, which I never saw till to-day, and by which alone I am now informed of the ground taken by Dr. Miller.

I can, however, but feel confirmed as to the correctness of the position advocated by myself, from having arrived independently at the same conclusion with the Louisville Professor; viz., that Dr. West's paper ends in attributing to his opponents views which they

never attempted to maintain, and which he finds it comparatively easy to refute. I do not think it necessary to infer that Dr. West is wilfully unjust to those he opposes, except perhaps so far as *prejudice* is wilful.

Very truly yours,

Sept. 7th, 1855.

L. PARKS, Jr., M.D.

POISONING BY RHUS TOXICODENDRON (POISON IVY).

[Communicated for the Boston Med. and Surg. Journal.]

On the third of August, I discovered upon a beach in Cohasset, some plants of the *Rhus Toxicodendron*, from which I was desirous of obtaining a specimen. I cut off one of the stems and carried it home between the little finger and the ring finger of my left hand, and in so carrying it, the cut end came in contact with my thumb, just below the joint, and the juice formed a spot there which gradually darkened by exposure to the air. This spot was not acted on by soap, and I preferred to let it remain, in order that I might observe the effects of the poison. On the 17th of August, I cut off the skin and spot together. The stain seemed to have penetrated the skin for quite a noticeable depth. On the twentieth, I observed a small swelling appearing on the little finger, and, on the twenty-second, another was developed on the thumb. On this day I rowed a boat under a hot sun. On the twenty-third, the swelling had increased, covering the greater part of the lower joints of both thumb and finger. I now applied a linen compress soaked with coffee, and this I kept on for two days, eating as usual, and taking long walks. The swelling had disappeared on the twenty-sixth, giving place to a sort of callus, which has since fallen off in the form of a scab. A new skin has now covered both scars.

Cohasset, Aug. 31, 1855.

T. W. CLARKE.

CAMPHOR AN ANTIDOTE TO STRYCHNIA—EXPERIMENT—
FAILURE, &c. &c.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING read an article in the 51st vol. p. 476, of the Boston Medical and Surgical Journal, from Dr. Tewksbury, of Portland, Me., upon the antidotal effects of camphor upon the poison of strychnia, I have been induced to make an experiment with reference to it, and report the result thereof in your Journal. On the 1st of May, 1855, I procured two dogs of equal size, age, and health, for the purpose of experimenting. To the first, I gave 1 grain of strychnia, followed immediately by the administration of 2 drachms of strong alcoholic tr. of camph. ; in ten minutes, I gave another drachm. In twenty minutes from the time it took the poison, it fell, strongly convulsed, apparently dead ; the fit lasted five minutes. When it recovered a little, I gave 2 drachms more of tr. camph. ; in five minutes it had another fit, harder than the first, lasting ten

minutes. It was scarcely recovered when it took another, and in five minutes died.

To the second, I gave 1-2 gr. strychnia, followed by 1 drachm of tr. camph. In ten minutes, I gave another drachm; and in ten minutes, another. In five minutes from the last dose of camphor, it had a light fit, which lasted but a few seconds. In ten minutes, I gave a drachm more, which was scarcely swallowed when it was taken with violent convulsions, and died in a few minutes.

In one hour after their death, I inspected the bodies. In both, serous effusions were present in the head, and its vessels filled with fluid blood. The lungs were in a highly congested state. The heart and its vessels contracted and empty. The bodies of both were flaccid, as soon as death took place. In the first, the stomach was much inflamed, of a deep violet tint, the poison adhering to its villous coat; detected, by the addition of nitric acid, when it assumed an orange-red, which soon passed to a golden yellow hue. The stomach of the second was but little affected; none of the poison could be detected on its coats. The intestines of both were tied into a perfect knot. The first died in about 45 minutes from the time it took the poison—1 grain of strychnia; the second died in 37 minutes, and took half the quantity of poison the first did. The first took 5 drachms of tr. camph.; and the second 4 drachms. Was it the extra drachm of camphor that prolonged the life of the first? I think not.

Bates Co., Mo., Aug., 1855.

J. E. THOMPSON.

OBSERVATIONS UPON SYPHILIS.

[Communicated for the Boston Medical and Surgical Journal.]

THE primary tendency of syphilis is to the cutaneous and mucous tissues; progressively, the fibrous formations, bones, muscles, tendons and nervous structures, are invaded. These organs are all subject to disorganization, and the destructive process even attacks the parenchyma of viscera. Organic disease of the liver, larynx, stomach, lungs, heart and brain, are engendered by syphilis.

Professor Dittrich, of Erlangen, has shown that the tertiary disease produces inflammatory action in the liver, proceeding to partially organized exudations. Cicatrization sometimes ensues, and sometimes suppuration.

Syphilitic hepatitis is first evinced by jaundice, tumefaction in the region of the liver, diarrhœa and dyspepsia. The sanguineous engorgement is liable to extend towards the enfolding membrane of the liver, and severe peritonitis may be the result. The adipose tissue shrinks, the muscles are enfeebled, and weakness of the senses of sight and hearing ensues. The skin is livid or sallow, and indicative of the cachexia. The blood disks are diminished, anemia and asthenia are accompanied by palpitations, vascular murmurs, and throbbing headache, symptomatic of imperfectly filled

veins and deteriorated blood. Atheromatous deposits, purpura hæmorrhagica and remittent fever sometimes take place.

Professor Dittrich has published three series of cases illustrative of his views. The first group confirmed the coëxistence of inflammatory action in the liver and destructive ulceration at the palatine arch.

The second class involves cases exhibiting no disease of the throat, though the hepatic and pulmonary disorganization was unmistakably consequent upon venereal poison. Other cases were demonstrative of the simultaneous existence of exudation, the suppurative process, and cicatrization in the liver.

Numerous autopsies convinced Ricord that syphilitic tuberculosis existed in the lungs, analogous to cutaneous gumma. The pulmonary and external tumors proceed through the same stages towards suppuration. The same observer saw tubercles in the heart which had commenced to soften. The lungs and skin presented similar exudations, though there had been no evidence of pulmonary phthisis anterior to contracting the lues. This author recommends an anti-syphilitic medication whenever any profound ailment, masked in its symptoms, resists a rational treatment, and a probable suspicion of a venereal taint exists. Syphilitic perichondritis and laryngeal inflammation arise by extension from the free surfaces. Dittrich maintains that the affection uniformly invades the soft parts primarily. Portions of the exudation are removed by suppuration, and the ulcerative process penetrates the subjacent tissues. Thus disintegration of the cartilages and necrosis occur.

Syphilis may cause idiopathic affection of the brain and spinal marrow.

Ricord found tubercles in the brain of persons who had died from syphilis, resembling syphilitic deposition elsewhere. He asserts that syphilis is a very frequent cause of palsy and disturbance of the sensory and motor functions. The tertiary disease is an occasional cause of epilepsy. Ricord cured such a case, wherein the treatment of other physicians had proved inefficient.

The same authority describes a form of nervous derangement termed by him syphilophobia. Uncontaminated by venereal contagion the patient imagines himself to be the victim of syphilis, and the hypochondriac conviction haunts him perpetually. Every slight bodily derangement is magnified into an indication of the latent disease, and the patient becomes a persistent plague to himself and physician. The consequences are often deplorable, for the patient is quite sure to suffer, either from his own imprudent drugging or at the hands of some rapacious charlatan.

Attleborough, Sept., 1855.

E. S.

CASE SIMULATING CHOLERA, TREATED BY CHLOROFORM
INHALATION.

MESSRS. EDITORS,—The following case came under my observation and treatment, and if you think it of sufficient interest, you can place it in the pages of your Journal, and oblige

Yours, W. THOS. OUSLEY.

Burksville, Ky., Sept. 5, 1855.

K. W., æt. 40, laborer, of a robust constitution, was taken violently ill on the night of the 3d of August, 1855, with pain in the bowels, watery dejections, and vomiting, with cramps. On the 4th, at 3, A.M., I was called in haste to see him, and found the following symptoms. Countenance shrivelled and cadaverous; pulse 130, hardly perceptible at the wrist; surface generally cold; tongue red and glossy; violent cramps, with intermission. His general appearance was similar to that of a person in the collapsed stage of cholera. Says that he has passed, through the night, to use his own expression, "a bushel of water," from his bowels and by vomiting.

I first had mustard sinapisms placed over his stomach, abdomen, and upon each ankle and wrist, and administered opii. grs. ii., cal. grs. x., which he rejected again, and again, directly after it was taken. Finding the cramps increasing in violence, I concluded to use *chloroform inhalation*. Accordingly, I placed a drachm of the article upon a linen handkerchief, and requested him to inhale it gently, after which he went into a sound sleep. At this juncture I had just given the medicine which was retained. An hour after the inhalation, he awoke a little better, but still had severe cramps, with retching. I again applied the chloroform, and he again was relieved as by magic. I ordered to be taken a pill composed of opii. grs. ii. cal. grs. iv. every four hours, and left chloroform with directions to use it when symptoms indicated. At 4, P.M., patient was seen. Pulse 100; surface warm; cramps and retching nearly subsided; some pain in head, for which I applied cold water with relief; thirst very great, and has been since I left; has used the chloroform every hour or two, with great relief; has had no dejection. I now ordered Seidlitz powders, until action of the bowels; and afterwards, Dover's powder, if any febrile excitement, and if not, occasionally brandy and water.

Aug. 5th. Patient now much better; pulse 75, soft; had two bilious dejections; appetite good. Ordered fluid nutritious diet.

9th. Patient gradually improved up to this date, and is now well.

The above case shows how readily cramps and vomiting may be mitigated by the employment of chloroform inhalation.

Hospital Reports.**MASSACHUSETTS GENERAL HOSPITAL.**

Colloid of the Stomach—Tuberculous Disease of the Pleura, Lung and Bronchial Glands—Softening of a Bronchial Gland, with opening into the left primary Bronchus—Dysentery—Death—Autopsy. (Under the care of Drs. SHATTUCK and PERRY. Reported by Dr. C. ELLIS.)

J. F., a native of Maine, 59 years of age, had been a baker for forty years. He entered the Hospital under the care of Dr. Shattuck, on April 16th, attributing to hard work an illness of a year's duration. He first noticed a swelling of the right leg, then of the left, and finally of the abdomen, but these all disappeared a fortnight before his entrance. With the exception of dulness on percussion, over the fifth and sixth ribs, and feeble respiration in the supra-spinous fossa on the left side, nothing remarkable was detected on examination of the chest. The sounds of the heart were normal. The urine contained a small deposit of oxalate of lime, but was in other respects normal. There being considerable debility, various preparations of iron were administered, for a number of weeks. On April 30th, some œdema of the legs was noticed, but this disappeared after the use of acetate of potash and other diuretics. In June, Dr. Perry took charge of the case. No new symptoms made their appearance, which threw any light upon the cause of the debility, which was still marked, and did not diminish under the use of mist. ferri comp. Since his entrance the bowels had been generally constipated, and cathartics were frequently administered; but, on Aug. 5th, he complained of diarrhœa, accompanied by pain and tenesmus. This yielded at once to suitable remedies, and on the 10th, constipation was again reported; but on the 21st, diarrhœa was spoken of as returning every day or two; and from this time it persisted, notwithstanding the use of a pill composed of opium, rhubarb and camphor, the discharges on the 25th becoming involuntary. In the mean time, the mind became decidedly affected, the skin grew cold, the appetite failed entirely, with occasional nausea and vomiting, the prostration became more and more marked, and he died, Aug. 28th, having coughed uninterruptedly during the early part of the night.

Autopsy, 12 hours after death, by Mr. Hyde, medical house pupil, who furnished the greater part of the following details; the stomach, pleura, lungs, and large intestine, being described by Dr. Ellis.

There was a much larger quantity of sub-arachnoid fluid than usual, and the lateral ventricles contained, by estimation, ℥ij. of clear serum. The substance of the brain was of natural consistence.

The pleural surfaces on the left side were firmly adherent, superiorly, while below, the cavity contained ℥xxiv. of serum. The free surface was covered with a thin, bright-red layer of recent lymph, through which, in the diaphragmatic and mediastinal portions, were seen yellow nodules, two or three lines in diameter, rising slightly above and embedded in a dense, white, false membrane about a line in thickness. These nodules resembled caseous tuberculous matter, and, under the microscope, presented an abundance of the so-called tuberculous corpuscles.

The right pleural surfaces were adherent posteriorly, near the spine. The remaining cavity contained ℥xiiij. of yellowish serum.

The bronchial glands were of a black color, and contained much caseous, tuberculous matter. In one of these, situated just above the left primary bronchus, softening had taken place, resulting in a cavity about an inch in

depth, containing remains of tuberculous matter. The mucous membrane of the adjacent bronchus, in that part in contact with the diseased gland, was of a dirty brown color, and presented several yellow, tuberculous looking spots. At the lower part of this discolored portion, were two minute openings, through which a probe passed into the cavity mentioned.

The right lung was crepitant and healthy throughout. The upper lobe of the left was also crepitant, but, scattered about in its substance, were a number of greyish tubercles, a line in diameter. Posteriorly, about on a level with the third rib, where the organ was torn on removal, was a yellow, caseous mass, half an inch in diameter. The lower lobe contained no air, and was rendered fleshy by compression.

In the gall-bladder were $\frac{3}{4}$ ij. of dark-green, viscid bile.

The stomach was distended with flatus, and contained about $\frac{3}{4}$ v. of green, acid liquid. Mucous membrane normal, except in the pyloric portion, where there was a morbid growth $3\frac{1}{2}$ inches in diameter, involving nearly the whole circumference of the organ, a strip along the larger curvature alone escaping. Rising from three to six lines above the surface, it was abruptly limited by the surrounding mucous membrane, half an inch of which still remained between it and the pylorus, in the same healthy condition as that covering the rest of the organ. The adventitious mass resembled, in color and consistence, partially boiled tapioca, but on close examination was seen to be composed of fibrous tissue, forming alveoli, which were filled with the peculiar colloid substance, this being in some portions quite abundant, while in others the cut surface presented a more uniform, dense, moist, glistening, semi-gelatinous appearance. Parts of the internal surface were rough, or flocculent, as from the persistence of the fibrous substance, after the rupture of the alveoli. The mucous and sub-mucous cellular coats were alone involved for an inch and a half from the pylorus, when all of the tissues became blended together, and indistinguishable, from conversion into the morbid growth, and, at one point, an equivocal trace of the disease was seen upon the peritoneal surface.

On microscopic examination, there were seen, a delicate fibrous structure, inclosing numerous irregular, transparent cavities; other cavities, apparently surrounded by fibres, and filled with granular cells, larger than those of pus, but to which no name could be given; similar cavities, which, with a higher power, were surrounded by small, elongated nuclei, rather than fibres, and contained the same granular cells; finally, the cells, isolated and in groups.

If an inference may be drawn from the relative amount of these elements in different parts of the structure, we may conclude that its distinctive character was owing to the deposition of a peculiar substance in alveoli, already existing or newly formed in fibrous tissue, the latter being least marked, where the colloid matter was most abundant.

The small intestine was normal.

The large intestine was much contracted, and its walls thickened. Upon the inner surface were numerous red elevations, evidently consisting of injected and thickened mucous membrane. Between these, very few well-marked ulcerations were seen. The surface, on the contrary, was smooth, rather pale, and on attempting to raise the mucous coat, it could not be done. If it existed, it had become so firmly united with the sub-mucous cellular tissue, that it could not be demonstrated. This peculiar change was most marked in the lower part of the intestines, where a large surface was thus affected.

Other organs not remarkable.

This case was thought worthy of notice as an example of a rare, as well as entirely latent, affection. Not a symptom referable to the stomach manifested itself until the supervention of disease in the intestines, and then the nausea and vomiting were much less than in many cases of dysentery. Though there was no direct evidence of the cancerous nature of the disease, it may be interesting for those who regard it as such, to note its connection with tuberculous disease of the pleura, lungs and bronchial glands; in the latter, certainly, in an active state.

Bibliographical Notices.

Letters to a Young Physician just entering upon Practice. By JAMES JACKSON, M.D., LL.D., Professor Emeritus of the Theory and Practice of Physic in the University at Cambridge; late Physician in the Massachusetts General Hospital; Honorary Member of the Medico-Chirurgical Society, of London; Corresponding Member of the Academy of Medicine at Paris, &c. Boston: Phillips, Sampson & Co. 1855. 12mo. pp. 344.

This work, which we announced a few weeks since as in preparation, will be read with eagerness, as containing some of the results of the experience of one who holds the first rank in the profession to which he has been devoted for upwards of half a century. As we shall print in an early number a critical review of the book, we content ourselves, for the present, with saying that it consists of a collection of letters, written in an agreeable and sensible style, upon some of the more important diseases, as they have presented themselves to the observing eye of the eminent author. Among the subjects treated of, are diseases of the nervous system; headache; epilepsy; apoplexy and palsy; chorea; neuralgia and pain; dentition and the period of weaning; cholera infantum; the second dentition; phthisis and hæmoptysis; dyspepsia; some of the diseases of the intestines, particularly the cæcum and colon; besides many other topics. Without pretending to be an elaborate treatise, it contains a vast amount of valuable information, a great part of which is new to the profession. The philosophical mind of the author is reflected from every page, and gives simplicity and beauty to the style, while it carries conviction to the reader. Although no attempt has been made to write a *popular* book, yet the interest and value of its contents will doubtless give it a wide circulation out of the profession. We need hardly say that we recommend every one to read it; our own expectations are more than realized on its perusal, and we are confident that those of others, however high, will be as amply fulfilled.

Transactions of the Medical Association of Southern Central New York, at the Ninth Annual Meeting. Elmira, 1855. 8 vo., pp. 124.

We anticipate much pleasure in reading the interesting and valuable papers contained in this volume. So far as our time has permitted us to examine them, they are well and carefully written, and on subjects of great interest. The "Transactions" are an honor to the Society.

The Atlanta Medical and Surgical Journal, edited by JOSEPH P. LOGAN, M.D., Professor of Physiology and General Pathology, and W. F. WESTMORELAND, M.D., Professor of the Principles and Practice of Surgery, in the Atlanta Medical College, Atlanta, Geo.

The first number of the above Journal has just reached us. From the

character of the address of the editors, we are inclined to think favorably of it as a medical periodical. The first number contains several original articles of interest, and, as must be expected in the beginning of a work of this character, a large amount of selected papers. The Journal is the organ of the faculty of the Atlanta Medical College, and the editors "are prepared to hear the croak of enemies, but equally so for the encouraging voice of numerous friends, who have not failed them in a darker hour than the present." We heartily wish them success.

Hooping Cough ; its History, Nature, and Successful Treatment. By LAURENCE TURNBULL, M.D., Physician to Luke's Church Home, &c. Philadelphia : Lindsay & Blakiston. 1855. Svo., pp. 18.

This pamphlet contains a carefully-written account of the history and literature of the disease, and of the different modes of treatment proposed and praised by various authorities—narcotics, hydrocyanic acid, alum, sesquioxide of iron, garlic, cinchona, cauterization with nitrate of silver, nitric acid, chloroform, and change of air. The author prefers belladonna to every other remedy. He gives it in the dose of one-sixteenth of a grain to a child of three months, every three hours ; one-eighth of a grain to a child one year old, and at other ages in like proportion, triturated with water, and sweetened with syrup. In twenty cases treated in this manner, the average duration was ten days after the first whoop, when the case was free from complications. In a few cases, there was relapse after exposure to cold, which was soon checked by a few doses of the extract combined with syrup of ipecacuanha. The treatise contains nothing new, but will be read with interest. We notice that the author, like many others, writes "whoop" and "whooping," "hoop" and "hooping." We contend that the former is the orthography, the words *hoop* and *whoop* being in signification as different as they are in spelling.

The Cause and Prevention of Yellow Fever, contained in the Report of the Sanitary Commission of New Orleans. By EDWARD H. BARTON, A.M., M.D., Chairman of the Sanitary Commission, &c. Philadelphia : Lindsay & Blakiston. 1855. Pp. 252.

The labors of the New Orleans Sanitary Commission, so creditable to each of its members, have already been very fully noticed by us, and are, we are happy to find, widely appreciated by the public and the profession.

At the solicitation of friends, Dr. Barton has issued his own portion of the "Report" in a separate volume, there being "a farther demand" for the work. In addition, a paper read before the Academy of Sciences, in New Orleans, is inserted at the end of the book, and therein the author "explains and defends" certain of his opinions which had been attacked.

We need say no more than we already have cheerfully accorded to Dr. Barton, in praise of his very valuable and extended researches, and we congratulate both him, and those for whom he has labored, upon the satisfactory results of this task, affording as they do a broad and sure foundation for radical reform and incalculable benefit. The latter can alone arise, when the means and the will to realize it shall be brought into exercise.

On the 17th page we observe the following very complimentary resolutions. Such testimony as this is all that Dr. Barton could desire, coming spontaneously from his associates in such arduous labors.

"At a meeting of the Sanitary Commission, held November 17th, 1854, the following Resolutions were unanimously adopted :

"Resolved, That the Members of this Commission desire to testify their high appreciation of the important services rendered by their *confrère*, E. H. Barton, M.D.; of the labor and research evinced in the collection of the materials embodied in his Report; of the devotion paid to an important branch of physical science, illustrative of climatic influences on zymotic diseases, thus furnishing important facts for the elucidation of the subjects submitted to the Commission; and of the consistent energy and perseverance with which he has aided to carry out the duties of the Commission from its inception to the close of its arduous task.

"Resolved, That this Commission, sensible of the truth conveyed in the preceding resolution, return their united thanks to E. H. Barton, M.D. for his co-operation in bringing to a successful close the deliberations in which we have for a period of more than twelve months been continuously engaged."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 25, 1855.

THE "BABY-SHOWS" IN BOSTON.

WE had resolved not to allude to these peculiar exhibitions,—our vicinity to towns in which similar shows frequently take place in the shape of "cattle-fairs," &c., impressing us with rather disagreeable associations in connection with the late performances in our city. A few words, however, hygienically and morally, are not inappropriate.

The drovers or whippers-in at these animal collections have doubtless succeeded in attaining their ends, which, of course, every one must see are wholly mercenary. No person, however *verdant*, will for a moment imagine that any benevolent desire of blessing the eyes of the million with the sight of what the showmen have designated, in print, as "things of beauty," is the spring and motive for the undertaking. The love of money-making grows in proportion to the increase of the material upon which it feeds, whether the ratio be single, duplicate, ternary or quaternary; in the present instance all these combinations are put in requisition. This unscrupulous, low instinct batters just now upon those delicate morsels of sacred home-qualities which true-hearted parents, *mothers* especially, have hitherto been supposed most religiously to cherish. The fine physical and mental qualities of their offspring, while a source of joy and innocent boasting in the family and friendly circle, have never, until of late, even by the lowest classes, been made the means of accumulating gain, either for parents or lottery-traders in human flesh! We confess to a feeling of contemptuous disgust for the whole affair. In its *white*, no less than in its *colored* aspect, it "is rank and smells to Heaven." Indeed we consider it scarcely less revolting than the outrageous exhibition of "the child and the serpent" which lately disgraced this city, and was only authoritatively suppressed when the indignation of the spectators could no longer be restrained.

It is not to be wondered at that the crowd and accompaniments at these show-pens should, as one of the daily papers expressed it, prove "a source of astonishment to the babies." We have pitied them during the late sultry weather, gasping in the midst of perspiring multitudes;—surrounded by gaping strangers;—out of their place, so entirely; breathing every body's

breath, and stunned by thousands of voices ;—but we commiserate those who brought them to the vulgar display, still more. Mothers, who, for one hundred, five hundred, or any amount of dollars, willingly expose, not only their children to the risk of their health and comfort, but also themselves to free and coarse remarks, bold, broad staring, and newspaper descriptions, must have lost those feminine attributes, which, while they render woman both lovely and worthy of love, are likewise the best safeguard and example for the young.

The discourses of certain "strong-minded" feminine (?) participators in these orgies, while they somewhat increase the morbid attraction the latter possess, serve, in addition, to show the utterly perverted taste and feeling which allow so large a portion of the community to pander to the "tricks of trade."

We are glad to mention a sensible conclusion which was arrived at by a railway official, who remarked in our hearing that "he had been at both baby-shows, but didn't like either of 'em much!" No more, we should presume, would any one, who had many grains of right sentiment in his composition. It is wonderful, however, what strong curiosity and ingenious "humbuggery" will effect. The most questionable and immoral performances under the guise of novelty, and so managed as to conceal their more striking features, pass unchallenged in the midst of very rigid sticklers for propriety.

The truckling of the press, *generally*, to these abominable speculations, and the license and particularity with which the personal defects or charms of the maternal portion of the stock are reported in their columns, are positively nauseating.

It is a matter for regret that the beautiful Hall, consecrated to sweet and grand harmonies and occasionally decorated with exquisite floral specimens, cannot be kept strictly free from all that offends the eye or debases the mind and heart. The recent use to which it has been put taints its pure and pleasant antecedents.

THE RATIO BETWEEN THE PULSE AND THE RESPIRATION.

THE proportions existing between the rapidity of the pulse and that of the respiration have been hitherto but little studied either in health or disease, and, considering the importance of the subject, especially as respects diagnosis and prognosis, it is a little remarkable that this should be the case. We notice in the *Archives Générales de Médecine* for July, an interesting article on this question by M. Marcé, of which we give our readers the most important conclusions.

The number of respirations per minute in the adult, given by different authors, varies from 12 to 20. M. Marcé selected a large number of adults who were healthy, or suffering from slight surgical affections only. They were examined in the morning, fasting, in the horizontal position, the hand being lightly applied to the pit of the stomach, in order to count the respirations, at the same time that the pulse was ascertained with the usual precautions. In 15 adults, the mean rate of the pulse being 72, and the mean rate of the respiration being 20, per minute, the exact ratio between these numbers was 3.51. Out of this number there were 41 men, and 24 women. The mean number of pulsations for the former was 69, the mean number of respirations, 19; for the latter there was a mean of 77 pulsations, and 23 respirations; 16 and 24 are in general the extreme points between which the number of respirations varies. Hence, 1st, in a healthy

adult the mean number of respirations is 20 in a minute, which is rather higher than that indicated by authors on symptomatology ; 2d, the respiration is generally a little more accelerated in women than in men. It is, however, important to remark that idiosyncrasies are met with in certain individuals with regard to the respiration, which are inexplicable, and wholly independent of the state of the pulse ; but these cases are rare.

An important question is, whether the pulse and the respiration are accelerated in a uniform and proportional ratio, so that the proportion between them which has been stated as the normal one, remains constant, whatever the number of pulsations and respirations ? This question has not hitherto been proposed by authors, who have usually confined themselves to the general ratio between the rapidity of these two functions.

From his researches made on 489 persons, the subjects of different diseases, M. Marcé has discovered that the proportion existing between the pulse and respiration varies according to the rapidity of the former ; so that, if the number of the pulse is below 60, the ratio is expressed by 2.69 ; if the pulse is at 150, the ratio becomes 3.40. The following table exhibits the constant rise in this ratio, according to the increase of the pulse :

Series.	Number of Cases.	Number of Pulsations.	Mean rate of Pulse.	Mean rate of Respirat'n.	Ratios between the No. of Pulsations & No. of Respirations.
1	12	30 to 50	43.00	16.00	2.69
2	15	50 to 60	53.60	19.73	2.71
3	93	60 to 80	70.00	24.77	2.83
4	39	80 to 90	82.00	24.70	3.32
5	54	90 to 130	104.00	35.00	2.96
6	21	130 to 150	142.23	42.43	3.35
7	4	150 and over	172.00	50.00	3.40

Moreover, in the aged, the respiration lags a little behind the pulse ; in the adult, when the pulsations are from 90 to 130, the ratio is about 3, but in old people it is 4, and even 4.79.

M. Marcé deduces the following conclusions.

1. In the healthy adult the mean number of the respirations is 20 per minute, the mean rate of the pulse being 72.

2. The mean ratio between the number of the pulse and that of the respiration is 3.50.

3. This ratio is not constant. When the number of pulsations falls below the normal mean, the number of respirations remains proportionally higher ; when the pulse rises above the normal state, the number of respirations, although increasing, absolutely, remains relatively inferior ; in other words, the ratio increases with the number of pulsations.

4. The number of pulsations being equal, the number of respirations in the aged is lower than that in the adult.

With regard to the pathological conditions under which the respiration is notably accelerated, relatively to the pulse, M. Marcé, from observations on 80 patients, arrived at the remarkable result that there is no disease, either of the heart, pleuræ or lungs, which has in itself a positive influence on the acceleration of the respirations ; one single affection, pleurodynia (*point de côté*), whatever its nature or cause, has the power of increasing their proportional number. To take a single example from a large number. In a woman affected with jaundice, an intercostal neuralgia suddenly occurred, giving increased frequency to the respiration (90 pulsations, 48 respirations).

Search was made for some grave disease, but in a few hours the pain disappeared, and the number of respirations was diminished by 18.

The respirations are relatively *diminished* in all the cerebral affections, whatever their cause or nature, provided there be no compression of the nervous centres, and more or less complete loss of consciousness. In all individuals who have undergone a considerable loss of blood, the respiration also becomes slow. Thus in a patient rendered quickly anæmic in consequence of a wound of an artery in the hand, the pulse was 90, the respiration 16. For some days afterwards the pulse rose to 102, while the respiration continued at 16. These results are attributed by M. Marcé to the imperfect performance of the cerebral functions, caused either by compression of the brain, or its incomplete stimulation, owing to impoverished blood.

M. Marcé's paper contains many other details of interest and value, which we regret that our limits prevent us from transferring to our pages.

GUTTA PERCHA PIPE.

SPECIMENS of the tubing made from gutta percha, and intended to be used as conduits for Cochituate water, have been shown to us by Mr. Charles Stodder, 75 Kilby street. The material is skilfully wrought, and seems peculiarly well adapted to the purpose abovementioned, as also "for soda water, beer, vinegar, acids, chemical uses, speaking-tubes, &c.," in the words of the proprietor's advertisement in the last number of this Journal.

A tunnel, for chemical use, is made by Mr. S.; and in addition to its property of not being acted on by acids (or only in a very slight degree), it has the advantage of non-fragility, and is thus much cheaper than glass, while apparently quite as cleanly.

We do not see why gutta percha should not be largely used for the purposes indicated. However slight, in most cases, may be the impregnation of the water which we drink, with lead, there are, every now and then, instances of disease arising from its imbibition. All risk of the sort would disappear by employing aqueducts of this useful material.

"SANITARIUM FOR AFFECTIONS OF THE THROAT AND LUNGS."

The "*Medical Examiner*" for September, 1855, has a notice of an establishment of this nature, a knowledge of which may be of service to invalids about resorting to the South. Such persons need all the comforts they can have, and often suffer quite as much from the lack of them as from their diseases. Unless a reasonable assurance can be afforded to those in search of health that an *approach*, at least, to home-conveniences may be attained by them during their sojourn, they had better remain where they are.

We have many instances fresh in our recollection where, as we firmly believe, life was not only shortened but rendered miserable by the added struggle with inconvenience, fatigue, and unavoidable exposure. We subjoin a portion of the notice referred to.

"We are glad to learn that an establishment will soon go into operation to which those suffering from such affections may resort with every confidence, both in regard to its hygienic management and the medical skill of its attending physician.

This *Sanitarium* for affections of the throat and lungs is to be under the care of Dr. N. D. Benedict, late Superintendent of the New York State Lunatic Asylum.

It is located at Magnolia, East Florida, on the river St. Johns, between

Jacksonville and St. Augustine, at a distance of about twenty miles from the sea-board. It is one day's journey, by steamboat, from Savannah and Charleston, and four days, by steamer, from New York and Philadelphia, *via* Charleston or Savannah.

The climate of East Florida is probably better adapted, as a winter residence, for invalids with delicate lungs, than any other part of the United States. The mean temperature of the winter months is about 60 deg.; frost is rarely seen, and the little rain that falls is rapidly absorbed by a dry, sandy soil, shaded by pine forests.

After much observation and deliberation, the above site was chosen, believing it to possess as many, if not more, advantages than any other location in the country.

The house, which is commodious, having large, airy chambers, and in every respect well constructed for the purpose, will be opened in November next for the reception of invalids, who may or may not be accompanied by their friends."

RULES FOR PROFESSIONAL INTERCOURSE, &c.

THE Physicians of Allegan, in the State of Michigan, have adopted and published an excellent set of regulations by which they pledge themselves to be guided in their intercourse with each other.

The chief points which we notice are, first, the resolve not to attend upon a patient "who is under the care of another physician," unless by the latter's request or when he is absent from town.

Secondly,—not to attend, unless the attending physician shall have been "regularly discharged and satisfactorily compensated for his attendance."

Thirdly,—No attendance will be rendered when a patient refuses to settle the account of the physician previously in charge.

Fourthly,—a resolve is made to collect professional dues at least "once a year and as much oftener as practicable;" and not to visit for medical purposes any person who declines "to make such a settlement."

A fee bill is framed by which it is stated they will "be governed." The fees are about one half those demanded in this city. If such charges can be *realized* by our brethren in Michigan (and they are not a whit too high), we surely ought to receive the sums fixed by our own Medical Police.

Books and Pamphlets Received.—Osteological Memoirs, No. 1.—The Clavicle. By John Struthers, M.D., F.R.S.E.

MARRIED.—In Hudson, N. H., Aug. 30th, D. Ouslow Smith, M.D., to Miss Mary H., daughter of Reuben Greely, Esq., all of that place.

DIED.—In Reading, Penn., Dr. Isaac Hiester, aged 70, a distinguished physician, beloved and respected at home, and enjoying a high reputation abroad as a man of science and a medical writer.—In Washington, D. C., 12th inst., Dr. Henry Lee Heiskell, Surgeon United States Army.

Deaths in Boston for the week ending Saturday noon, Sept. 15th, 125. Males, 69—females, 56. Accidents, 3—inflammation of the bowels, 3—congestion of the brain, 2—disease of the brain, 1—softening of the brain, 1—consumption, 22—convulsions, 3—cholera infantum, 14—croup, 4—dysentery, 10—diarrhoea, 3—dropsy in the head, 5—drowned, 1—debility, 1—infantile diseases, 6—erysipelas, 2—typhoid fever, 3—scarlet fever, 1—bilious fever, 1—hooping cough, 1—disease of the heart, 1—jaundice, 2—disease of the liver, 1—marasmus, 3—measles, 3—old age, 3—palsy, 1—purpura hemorrhagica, 1—disease of the spine, 1—scrofula, 2—smallpox, 3—teething, 14—thrush, 1—unknown, 2.

Under 5 years, 75—between 5 and 20 years, 7—between 20 and 40 years, 20—between 40 and 60 years, 13—above 60 years, 10. Born in the United States, 92—Ireland, 30—British Provinces, 2—England, 1.

Cholera.—This epidemic prevails to a considerable extent in Italy and Spain. At Fiume, about the middle of June, the number of cases occurring daily was from 40 to 50. Between the 28th of May and 7th of July, there occurred 520 cases at Verona, 951 at Venice, and 467 at Padua. At Treviso, 674 cases occurred during May.

El Criscol, a medical periodical of Madrid, states that the number of cases of cholera at Madrid, for the week ending July 29, was 380; deaths, 229. In the country towns of the Provinces, the medical men go about at the hazard of their lives, not only from infection but from the violence of their very neighbors, while they are risking their own lives to save others. A physician was murdered in Galicia, and an elderly medical man has been stabbed in Catalonia. In a blind and brutal prejudice, the ignorant people attribute the deaths from cholera to poison administered in the medicines, and therefore refuse to take the prescriptions. If such as these are carried off, their deaths are attributed to poison also, communicated by the physician *touching* the patient's tongue.

At Grenada, from the 27th of June to the 14th of July, 1617 persons died of cholera. At Burgos it was making great havoc. It has also broken out at Oporto, and prevails at Vienna and Pesth.—*Phil. Med. News.*

Prevention of Abdominal Typhus by Vaccination.—Dr. De Gressot has communicated to the Academy of Medicine some remarks upon the probable consequences of the connection established by some medical men between smallpox and typhus fever. He asks if, admitting this connection to exist, it is not desirable to attempt the prevention of the eruption on the intestinal mucous membrane by vaccination, performed upon some accessible point of its surface, in the same manner as the cutaneous eruption is combated by vaccination practised on the skin.—*Gazette Med.*

Chloroform in Colic.—M. Aran states that repeated experience convinces him of the great value of chloroform given internally, as a curative agent in colic, employing it also externally until the acuteness of the pain is somewhat subdued. No absolute dose can be laid down; for, while cases of medium intensity may require but 60 drops per diem, severe ones may require from 100 to 300 drops. A portion is given in water, suspended by mucilage, and about a third of the quantity in one or two lavements. The entire quantity should be given in divided doses, as the effects are soon dissipated. From the second, or more rarely the fourth or fifth day, the colic is relieved, but a less quantity of the chloroform must be continued until stools are re-established, which will usually be the case spontaneously when food is given. In 21 cases, only three required the use of purgatives. Still, in severe cases, the duration of treatment is abridged, and relapse rendered less probable, if the first success of the chloroform be followed by a dose of castor oil or Seidlitz water. In chronic colic, occurring in persons who have often had the disease, and where obstinate constipation is accompanied by moderate pain, chloroform is of no avail, active purging alone succeeding.—*L'Union Medica.*

Insanity.—M. H. Legrand du Saulle communicates a case of insanity of a double form, treated successfully by sulphate of quinine. The patient, a female of 34 years, and the mother of a family, had been subject to periodical attacks of religious melancholy, lasting for six days, and then succeeded by furious mania, lasting about the same length of time, and which, upon passing off, gave place to an interval of eleven days, during which the health, intellectually and bodily, seemed complete. The sulphate of quinine was prescribed, and continued without interruption from March 3d until April 10th, gradually increasing the dose from 4 grains to 2 scruples. At the usual period for the accession of the melancholy only a slight dulness appeared, and for three years the affection has not returned.—*Annales Medico-Psychologiques.*

Burns.—In burns of the first degree, M. Stanislas Martin strongly recommends (*Bull de Therap.*, Oct. 1854) that the injured part should be covered with the white of egg. By painting over the burn with several layers of albumen, a varnish is formed, impermeable to the air, and possessing the advantages of collodion without its irritating properties.